

Public

Attachment 1

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF OCEAN ENERGY MANAGEMENT

New Orleans
(Insert Appropriate Regional Office)

APPLICATION FOR PERMIT TO CONDUCT GEOLOGICAL OR GEOPHYSICAL
EXPLORATION FOR MINERAL RESOURCES OR SCIENTIFIC RESEARCH
ON THE OUTER CONTINENTAL SHELF

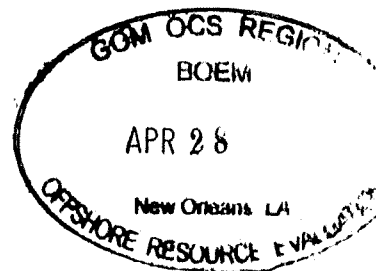
(Section 11, Outer Continental Shelf Lands Act of August 7, 1953, as amended on September 18, 1978,
by Public Law 95-372, 92 Statute 629, 43 U.S.C. 1340; and 30 CFR Parts 251 and 551)

CGG Services (US) Inc.
Name of Applicant
10300 Town Park
Number and Street
Houston, TX 77072
City, State, and Zip Code

GOM OCS REGION BOEM RELEASABLE JUL 22 2014 New Orleans, LA OFFSHORE RESOURCE EVALUATION
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Application is made for the following activity: (check one)

- ☐ Geological exploration for mineral resources
☐ Geological scientific research
☒ Geophysical exploration for mineral resources
☐ Geophysical scientific research



Submit: Original plus three copies, totaling four copies, which include one digital copy, and one public information copy.

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To be completed by BOEM

Permit Number: E14-005 Date: 29-Apr-2014

A. General Information

1. The activity will be conducted by:

CGG Services (US) Inc.
Service Company Name

For CGG Services (US) Inc.
Purchaser(s) of the Data

10300Town Park
Address

10300Town Park
Address

Houston, TX 77072
City, State, Zip

Houston, TX 77072
City, State, Zip

832-351-1603 / 832-351-8720
Telephone/FAX Numbers

832-351-1603 / 832-351-8720
Telephone/FAX Numbers

michael.whitehead@cgg.com
E-Mail Address

michael.whitehead@cgg.com
E-Mail Address

2. The purpose of the activity is: ☒ Mineral exploration
☐ Scientific research

3. Describe your proposed survey activities (i.e., vessel use, benthic impacts, acoustic sources, etc) and describe the environmental effects of the proposed activity, including potential adverse effects on marine life. Describe what steps are planned to minimize these adverse effects (mitigation measures). For example: 1) Potential Effect; Excessive sound level Mitigation; Soft Start, MMOs, mammal exclusion zone or 2) Potential Effect; Bottom disturbance; Mitigation; ROV deployment/retrieval of bottom nodes) (use continuation sheets as necessary or provide a separate attachment):

Seismic research vessel, no adverse effects, single source array, noise propagation and mitigation in place to protect environment, NTL regulations will be followed.

4. The expected commencement date is: January 2015

The expected completion date is: January 2016

5. The name of the individual(s) in charge of the field operation is:
Jean-Francois Roudault

May be contacted at:

Telephone (Local) 832-351-8497 (Marine) 832 350 1799

Email Address: jean-francois.roudant@cgg.com Radio call sign NA

6. The vessel(s) to be used in the operation is (are): Please see Attached Document

Name (s) Registry Number(s) Registered owners)
Single Streamer Vessel towing single source and single 10 to 12 solid km cable

See Attached

7. The port from which the vessel(s) will operate is: To be Determined

8. Briefly describe the navigation system (vessel navigation only):

WADGPS

B. Complete for Geological Exploration for Mineral Resources or Geological Scientific Research

1. The type of operation(s) to be employed is: (check one)

(a) _____ Deep stratigraphic test, or

(b) _____ Shallow stratigraphic test with proposed total depth of _____, or

(c) _____ Other _____

2. Attach a page-size plat showing: 1) The generalized proposed location for each test, where appropriate, a polygon enclosing the test sites may be used, 2) BOEM protraction areas; coastline; point of reference; 3) Distance and direction from a point of reference to area of activity.

C. Complete for Geophysical Exploration for Mineral Resources or Geophysical Scientific Research

1. The type(s) of operation(s) to be employed is (are):

a) Acquisition method (OBN, OBC, Streamer): Streamer

b) Type of acquisition: (High Resolution Seismic, 2D Seismic, 3D Seismic, gravity, magnetic, CSEM, etc.)

2D Seismic, Gravity and Magnetics

2. Attach a page-size plat showing:

a) The generalized proposed location of the activity with a representative polygon,

b) BOEM protraction areas; coastline; point of reference,

c) Distance and direction from a point of reference to area of activity.

3. List all energy source types to be used in the operation(s): (Air gun, air gun array(s), sub-bottom profiler, sparker, towed dipole, side scan sonar, etc.).

Airgun array

4. Explosive charges will _____ will not X be used. If applicable, indicate the type of explosive and maximum charge size (in pounds) to be used:

Type _____ Pounds _____ Equivalent Pounds of TNT _____

D. Proprietary Information Attachments

Use the appropriate form on page 9 for a "geological" permit application or the form on page 11 for a "geophysical" permit application. You must submit a separate Form BOEM-0327 to apply for each geological or geophysical permit.

E. Certification

I hereby certify that foregoing and attached information are true and correct.

Print Name: Michael A Whitehead

SIGNED Michael A Whitehead DATE 23 April 2014

TITLE _____

COMPANY NAME: CGG Services (US) Inc.

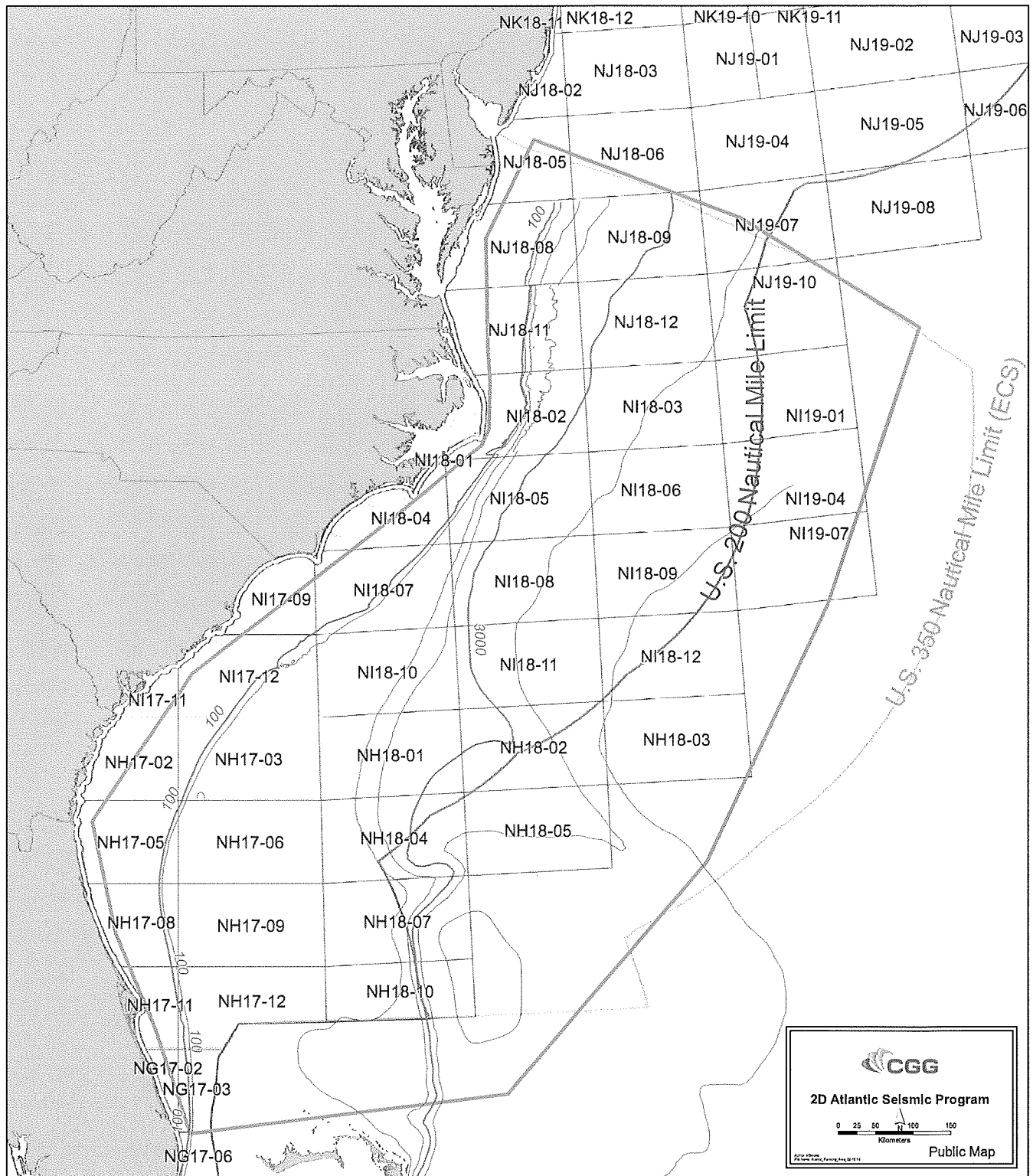
TO BE COMPLETED BY BOEM

Permit No. E14-005 Assigned by W. Chad Vaughan Date 2-May-2014
of BOEM

This application is hereby:

- a. ☒ Accepted
b. ☐ Returned for reasons in the attached

SIGNED [Signature] TITLE Regional Supervisor DATE 5/5/14





Date: 11 December 2014

Bureau of Ocean Energy Management, Regulation and Enforcement
Gulf of Mexico, OCS Region
1021 Elmwood Park Blvd.
New Orleans, LA 70123-2394

Attn: Teree Campbell

RE: Request for Source volume output modification

Permit Application: E14-005

Survey: Atlantic 2D

Area of Operation: Atlantic margin in waters >100m

CGG is requesting a permit application modification for the source output volume on E14-005. The application has a source volume of 6470 cu in array. CGG would like to reduce the source volume to a 5400 cu in array.

The source model of the 5400 cu in array is attached.

Should there be any questions concerning this operation, please contact me at 832-351-1603.

Sincerely,

A handwritten signature in black ink that reads "Michael A Whitehead". The signature is written in a cursive, flowing style.

CGG Services (US) Inc.

Michael Whitehead

CGG Services (US) Inc.
Technical Operations Manager